Health Department, City of Baltimore.
Permit No. 1/1/1 Office of Registrar of Vital Statistics. Ward 14
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled of to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law. NO PERMIT FOR BURIAL CAN BE OFTAINED WITHOUT A PROPER CERTIFICATE.
CERTIFICATE OF DEATH.
Date of Death, July 10th 87 5 a. W.
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Years, 4 Months, Day
Color, Black
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, The Theory
Place of Death, {Give Street and } / 0 // Book Lt.
Cause of Death, { First (Primary), Second (Immediate), Cholina Lufautum
Duration of Last Sickness, 36 Lours All the above information should be furnished by the Physician.
Place of Burial, Sharefold-leunely
Date of Burial, fully 12 1887) The Shiff
(Undertaker, Welly Hernsly Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business hold Oschon Address,

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BUREAU OF VITAL STATISTIC:	

Age.

No. The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate Hepartment? With of - Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be obtained without a Proper Certificate.

Months.

Days.

Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, { Cross out the word not required in this line.

Color. Married, Single, Widow or Widower, {Cross out the words not required in this line.

Occupation,...

Years.

Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and } 652 Zee

Cause of Death, Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician. Place of Burial

Date of Burial,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause dotter of death and date of death.

City of Baltimore.

Bealth Department, City of Baltimore.
Permit No. 1/63 Office of Registral of Vilas Statistics. Ward 15
The Physician who attended any person in a last almost, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the berial, within twenty-foul Sours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 8 " 8 /-
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } required in this line.
Age, Years, Months, Days.
Color, Black
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States. } Birth Place, {State or country, and how long in the United States. } Description of Positions in the City of Positions Life Since
Duration of Residence in the City of Baltimore, Life Since
Place of Death, (Give Street and) 836 Peach celly Serlusais
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, I hack It centing
Date of Burial, July 11 mand F. J. Fleuwery M. D.
J Undertaker, Dorsell harry Coroner Medica madant
Place of Business, 416 Cost At Address, /70/02 1820 Club
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

The Special Actention of Physicians is Respectively invited to the	e Kemarks Delow, and to list of Diseases on Back of this certificate
. , ,	, City of Baltimore.
Permit No	Graf Vitat Statistics. Ward 9
The Physician who attended any person in a last illness to to the Undertaker or other person superintending the burial, with requested so to do, under penalty of law.	ponsible for the presentation of this Certificate, accurately filled out, ain treaty-four hours after the death of said deceased, or sooner, if
CEDEURICA	LTIMORE
CERTIFICATI	E OF DEATH.
Date of Death, July 10 1	1887
(of parents.	ephinoBarnes.
Sex, Male or Female, {Cross out the word not required in this line.}	
Age, Years,	Months, 7 Days
Color,	Mandatto
Married, Single, Widow or Widower, {Cross out the week required in the	vords not)
Occupation,	
Birth Place, {State or country, and how long in the United States, fif of foreign birth.	Margrove alley
Duration of Residence in the City of Baltimore	0
Place of Death, {Give Street and } 503	argrove alley
Cause of Death, { First (Primary), Jeble Second (Immediate), Leo	mess of constitution
Duration of Last Sickness, All the above information should be furnished by the Physician.	1 day
Place of Burial, Arony beneling	
Date of Burial, self //= 1887.	Ist m
(Undertaker, Tringodow	Medical Attendant.
Place of Business, 46 Ears 2	Address, 1/8 2. Franklin At.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

ealth Bepartment, City of The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within accurate four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Optained Truotre a Proper Certificate. CERTIFICATE Date of Death,... Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Fomale, {Cross out the word not } 10 Months, 2 Years, Age, Color. Married, Single, Widow or Widower, {Cross out the words not required in this line.} Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and } First (Primary),-Second (Immediate), ... Duration of Last Sickness,... All the above information should be furnished by the Physician. Place of Burial, Ballings Cemeter Date of Burial, July 13 th (Undertaker, Le Schilling Place of Business, Ish Cand Sycan Address,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back or

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

Permit No. Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

Date of Death, July 10 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, 2 4 Years, Months, Days
Color, orth
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, non
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } /606. Sough &
Cause of Death, { First (Primary), Second (Immediate), Consumption
Duration of Last Sickness, Gmolts.
Place of Burial, Bonnie Brac Gem
Date of Burial, July 12. 188
(Undertaker, James & Byrne Medical Attendant.
Place of Business, 63 A. Front SA Address, 1437 & lean (

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back
Bealth Department, Eitrof Baltimore.
Permit No Office of Registrar of Witat Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sconer, is requested so to do, under person superintending the burial, within twenty four hours after the death of said deceased, or sconer, is requested so to do, under person superintending the burial, within twenty four hours after the death of said deceased, or sconer, is responsible for the presentation of this Certificate, accurately filled on the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sconer, is requested so to do, under person superintending the burial, within twenty four hours after the death of said deceased, or sconer, is requested to do.
CERTIFICATE OF DEATH.
Date of Death, July 9 4 1887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. (Cross out the word not)
Sex, Male or Female, {Cross out the word not }
Age, Co Years, Months, Days
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Oceanostian (Machinist
Birth Place, {State or country, and how long in the United States, if of foreign birth. The state of Pacidemas in the City of Baltimore Charles to the City of Baltimore
Duration of Residence in the city of Buttimore,
Place of Death, {Give Street and } Alemen North
Cause of Death, { Second (Immediate), Cause of Death, Second (Immediate), Cause of
Duration of Last Sickness, Obrus Old year
Place of Burial, Baltimure ben.
Date of Burial, July 12, 1887, abnedowald M. D.
(Undertaker, John Henry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to list of Diseases on back
Bealth Department, City of Baltimore.
Permit No. 1168 Office of Registrar of Vital Statistics. Ward 18
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within two by four nours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, fully 10 -6887
Full Name of Deceased, (Write legibly and spell not named, give names) form Covered Scrawd (Cross out the word not)
Sex, Male of Female, {Cross out the word not }
Age, 2 Years, 9 Months, 7 Days.
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, of Position
Duration of Residence in the City of Buttimore, a final i
Place of Death, {Give Street and } 2016 w Youth
Cause of Death, { First (Primary), Second (Immediate), Astherica
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, New Cottonelle
Date of Burial, July 12th C.C. McDowell N. D.
(Undertaker, J. Covver) Medical Attendant.
Place of Business, 901 holling Maddress, 1521 w. Trayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Bealth Department, Gity of Baltimore.
Permit No. Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last fillness, is a possible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within heady-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit For Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 10 a 1887
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Mate or Female, { required in this line. }
Age, Years, Honths, Days.
Color, While
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, of of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 3 m, Lee - 5
Cause of Death, { First (Primary), Second (Immediate), Cholera Infaulum ,
Duration of Last Sickness, Day /
Place of Burial, Mt Olivet
Date of Burial, July 12/8) \ J. Jall up
(Undertaker, Christiery Dear) Medical Attendant.
Place of Business, 7/6 Light Address, 159 Sharp &

The Special Attention of Physicians is Respectfully Invited to the Romarks below, and to List of Diseases on back

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

OF THE REPARTIMENT BUREAU OF VITAL STATISTICS BALTIMORE OF 1, CHIT, CHIT, CALLINGS

Permit 16. Permit		The Special Attention of Physicia	ns is Respectfully In 1		
requested so to do, under penalty of the board of the board of the certificate, coverately filled to the board of the boar		Bealth	Penartman	the Remarks below, and	to List of Diseases on baca
requested so to do, under person superintending the blurial, stillings is a problem that the person of the person superintending the blurial, stillings became the person of the person superintending the blurial, stillings became the person of the person		Permit No. The Physician who attended a to the Undertaken	Office of Regist	rar of river of	Baltimore.
Date of Death, Full Name of Decased of Control of Decased of Deca		requested so to do, under person s	superintending a last illness, is	responsibility DEPART	unstics. Ward
Sex, Male or Female, {cross out the word not} Age, Age, Color, Married, Single, Widow or Widower, {cross out the word not} Age, Description, Birth Place, {state or country, and how being that the line.} Duration of Residence in the City of Baltimore, Place of Death, {Give Street and} Nounter. Second (Immediate), Duration of Last Sickness, About C. All the above information algorid be furnished by the Physician. Place of Burial, Ault, 12 Agy Undertaker, Lo River Again to Second of Health to secure a full and correct record of the Vital Statistics in the Physician who attended during his or her last sickness, of the concept, when the ease come and residence in the Physician who attended during his or her last sickness, of the Corporation of the Special City of Baltimore. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the trenty-four hours after the death, to the Undertaker or other persons superintending the Board, as far as and date of death.		Date of Death,	FICATI	OFR D	EATH.
Age, Sears, Months, Days. Color, Years, Months, Days. Married, Single, Widow or Widower, Prepared in this line. Occupation, Birth Place, State or country, and how the City of Baltimore, Constitution of Residence in the City of Baltimore, Place of Death, Give street and Sumber. Cause of Death, First (Primary), Exiler Second (Immediate), Se		Full Name of Deceased, Son Sex, Male or Female (Cross of	rite legibly and spell creetly. If an Infant t named, give names	len Bro	ena
Married, Single, Widow or Widower, Trequired in the line. Occupation, Birth Place, State or country, and how you have in the United States. Duration of Residence in the City of Baltimore, Place of Death, Give street and Number. Cause of Death, First (Primary), Second (Immediate), Duration of Last Sickness, Poul C, All the above information should be furnished by the Physician. Place of Burial, John Last Sickness, Address, M. D. Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the then same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person shall die in the said city, it shall be the duty of and date of death.		Age (required	in this line	Hemal	
Birth Place (State or country, and how) long in the United States) Duration of Residence in the City of Baltimore, Place of Death, {Give Street and} Number. Cause of Death, {First (Primary). Second (Immediate) Duration of Last Sickness, About C. All the above information should be furnished by the Physician. Place of Burial, (Immediate) Date of Burial, Lely (Immediate) Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the then they now a strended during his or her last sickness, or the Coroner, when the case comes under his only the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the canse		Color,	Hile	Months,	Dans
Birth Place (State or country, and how) long in the United States) Duration of Residence in the City of Baltimore, Place of Death, {Give Street and} Number. Cause of Death, {First (Primary). Second (Immediate) Duration of Last Sickness, Abould 7 All the above information should be furnished by the Physician. Place of Burial, (27 Mes. Country Land 1) Place of Burial, (27 Mes. Country Land 1) Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the then they now a strended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within and date of death. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the canse	,	Occupation.	Vidower, Cross out the word required in this lin	Is not \	- 490.
Place of Death, {Give Street and } // OS Death, {Sive Street a		Birth Place State or country, and how	Amagu	ife.	ul
Cause of Death, First (Primary), Second (Immediate) Duration of Last Sickness, Howle, All the above information should be furnished by the Physician. Place of Burial, Johnse Date of Burial, Johnse Date of Burial, Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Johnse Date Of Burial, Last Statistics of the Physician of the Board of Health to secure a full and correct record of the Vital Statistics in the Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death. Secrit Name of Death, First (Primary), Second (Immediate), Secrit Republic R	1	Duration of Residence in the	} Oul	and Con	te Kin 1
Cause of Death, Second (Immediate). Duration of Last Sickness, Howle, Mill the above information should be furnished by the Physician. Place of Burial, James Date of Burial, Laly 1274 1884 [Second (Immediate)] Place of Burial, James Date of Burial, James Date of Burial, Manager Date of Burial, Manager Date of Burial, Manager Date of Business, Catharan Date of Busine	F	Place of Death, Give Street and Number.	City of Baltimore,	27 ye	and of
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Commit Come Date of Burial, Lout / 27th 884 [Vindertaker, Lo River Lout Lout Lout Lout Lout Lout Lout Lout	Co	nuse of Death, First (Primary),	Epil	key	Thus
Place of Burial, John Date of Burial, Jack 12 1884 [Undertaker, Leo Rime Lout Address, on Mealth Registrate Place of Business, [Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the canse	Du	tration of Last Sin	611		
Undertaker, Seo Rime Lout. Place of Business, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause		mation should be a	by the Physician.	400	
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause	Date	e of Burial, July 12	The socy	A	
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause	1	Indertaker, Leo Rive	Last Ca	Tun &	10
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause	P	Place of Business, Cit	7) (MA	M. D.
and date of death. and date of death. and date of death. to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the date of decade, and the cause	Extra	not from Regulations of the Board	Addres.	s. Lom of Hea	ett & Regist
and date of death. and date of death. and date of death. to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the date of decade, and the cause	the Ph	CTION 2. And be it further enacted and	City of Baltimore.	and correct record o	f the Vital Statistic
person deceased, and the cause	the san	four hours after the death, to the Undert the can be ascertained, the full name, sex, e of death.	r last sickness, or the Coroner last of the coroner caker or other persons superi age, and condition (whether	y person shall die in the , when the case comes un ntending the Burial, a comarried or single)	said city, it shall be the duty of der his notice, to furnish within
				Sec) of the	person deceased, and the cause